

WISHING TREE

SHORT-TERM CHILD CARE

Prescription & Non-Prescription Medication Authorization Release and Indemnification Agreement

Please read information & procedures on reverse side

Part I: Parent or Guardian to Complete

I hereby request WISHING TREE personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless WISHING TREE and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc against them for helping this student use medication, provided WISHING TREE staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assure responsibility as required.

Has the student taken this medication before? Yes No (If no, the first full dose must be given at home to ensure that the student doesn't a negative reaction.)
First dose was given: Date: _____ Time: _____

Student Name (Last, First, Middle)

Date of Birth

No WISHING TREE staff shall administer medication or treatment, unless the Program Director or his or her designee has personally reviewed all the required clearances.

Parent or Guardian Signature

Daytime Phone Number

Date

Part II: Parent or Guardian to complete and sign for over-the-counter medications for relief of symptoms for headache, muscle ache, orthodontic pain, or menstrual cramps and for antibiotics and antiviral medication. Physicians must complete and sign for all other medications.

WISHING TREE discourages the use of medication by students in the program/camp during the day. Any necessary medication that possibly can be taken before or after the program/camp should be so prescribed. Injectable medications are not administered in the program/camp except in specific emergency situations. WISHINGTREE staff will, when it is absolutely necessary, administer medication during the program and while participating in programs, camps, or field trips and situations according to the procedures outlined on the back of this form. Information should be written in lay language with no abbreviations.

Diagnosis

Medications

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Dosage to be given at the WISHING TREE Child Care Center (e.g. mg, ml, or cc)

Time(s) or interval between times to be given

Effective date: If the student is taking more than one medication, list sequence in which medications are to be taken:

Physicians Name (Print or Type)

Physician Signature

Date

Parent or Guardian Name (Print or Type)

Parent or Guardian Signature

Date

Part III Child Care Director to Complete

Check box as appropriate Parts I & II above are complete and including signature. (It is appropriate if all items in part II are written on the physician's stationary or a prescription pad.) Medication is appropriately labeled. Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of school.)

WISHING TREE Director Signature

Date